Fearing Compassion Has No Effect on Physiological Indicators Despite Changes in Psychological Well-Being

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Introduction

Fears of compassion is a psychological barrier to the innate self-soothing system (Gilbert, 2009). Self-soothing is a response to suffering which activates the parasympathetic branch and reduces arousal and psychological anxiety. Compassion activates physiological and psychological soothing during experiences of distress (Kelly et al., 2012). Theoretically, fears towards compassion should hinder this response, although contradictory arguments have suggested fears may produce an unconscious need to self-soothe (Marsh, 2012). Further research is needed to clarify these arguments and investigate the effects of fears on physiological and psychological well-being. As those with fears are more likely to suffer with psychological distress, they may be more in need of compassionate interventions. Yet, research is needed to identify if fears impair the effectiveness of compassionate inductions on well-being. It was anticipated higher fears of compassion would lead to greater physiological responses and lower psychological well-being.

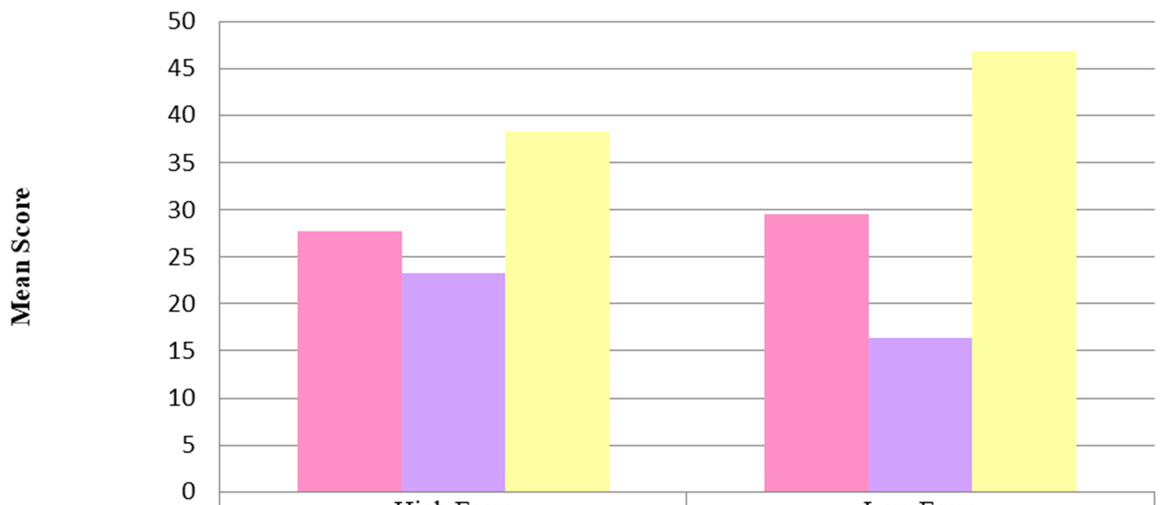
Methods

Sixty undergraduate students from *De Montfort University,* Leicester, UK took part in this study. In total there were 51 females and 9 male with a mean age of 20.77 (*SD*= 4.76). A median split performed before data analysis resulted in 31 participants in the high fears group and 29 in the low fears group. Participants completed the Fears of Compassion scale to allocate groups. Forms of Self-Criticism, the Social Safeness Scale and the Depression, Anxiety and Stress Scale (DASS) measured psychological indicators of well-being. Participants completed these scales first before having their heart rate and GSR measured with during two compassionate exercises.

Results

A multivariate analysis of variance (MANOVA) was conducted to investigate whether fears of compassion effected physiological indicators of well-being. A non-significant finding was found on physiological indicators, $F(2,57)= .644$, $p= .529$, Wilks' Lambda= .978). A second MANOVA revealed significant differences in psychological well-being indicators between high and low fears of compassion, $F(3,56)= 5.721$, $p< .01$, Wilk's Lambda= .765, $\eta^2 = .235$. Analysis of each dependent variable with an adjusted alpha level of .017, showed fears of compassion only had a significant effect on social safeness, $F(1,58)= 14.46$, $p< .01$, $\eta^2 = .20$ and DASS, $F(1,58)= 6.53$, $p< .05$, $\eta^2 = .101$.

Psychological Effects of Fears of Compassion



	High Fears	Low Fears
Self Criticism	27.69	29.55
DASS-21	23.24	16.32
Social Safeness	38.24	46.87

Discussion

The results of this study showed no significant effects on physiological responses during compassionate exercises between high and low fears. This did not support the hypothesis that fears of compassion would produce differences in physiological responses. However, the results did show fears impaired psychological indicators of well-being. In particular, higher fears of compassion lead to increased amounts of psychological distress and lower social safeness than lower fears of compassion. These findings opposed previous theoretical assumptions that fears of compassion are barriers to the activation of the self-soothing system. Much research has established the activation of parasympathetic responses after compassionate exercises (Stellar et al., 2015) and it has been argued barriers to compassion such as fears would prevent activation of soothing system. However, the current findings do not support this. It could be argued these findings supported March's (2012) alternative theory that fears promote the activation of self-soothing due to an unconscious need to soothe psychological distress. Yet the results still demonstrated psychological well-being is impaired by fears. It could be argued this further supported that compassion is successful at an unconscious level.

References

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